

Complete Summary

GUIDELINE TITLE

Summary of policy recommendations for periodic health examinations.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Family Physicians. Summary of policy recommendations for periodic health examinations. Leawood (KS): American Academy of Family Physicians; 2004 Aug. 15 p.

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: American Academy of Family Physicians. Summary of policy recommendations for periodic health examinations. Leawood (KS): American Academy of Family Physicians; 2003 Aug. 13 p.

COMPLETE SUMMARY CONTENT

SCOPE
 METHODOLOGY - including Rating Scheme and Cost Analysis
 RECOMMENDATIONS
 EVIDENCE SUPPORTING THE RECOMMENDATIONS
 BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS
 QUALIFYING STATEMENTS
 IMPLEMENTATION OF THE GUIDELINE
 INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT
 CATEGORIES
 IDENTIFYING INFORMATION AND AVAILABILITY

SCOPE

DISEASE/CONDITION(S)

General health

GUIDELINE CATEGORY

Counseling
 Prevention
 Screening

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Obstetrics and Gynecology
Pediatrics
Preventive Medicine

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

To provide recommendations on practices that should be offered (Strongly Recommended and Recommended), those that should not be done (Recommend Against), those considered an option (No Recommendation Either For or Against), and those with Insufficient Evidence to Recommend Either For or Against for the periodic health examination (PHE), and to identify healthy behavior that is desirable but for which the effectiveness of physician's advice and counseling is uncertain

TARGET POPULATION

- General Population: Those persons who are asymptomatic and not known to be at any increased risk except based on their gender, age, or for specific parameters that apply to substantial groups within the general population
- Specific Populations: Those persons whose health behaviors, living environment, medical history, or other factors other than gender or age place them at high risk
- Groups Excluded: Patients who have signs and/or symptoms relating to a particular condition

INTERVENTIONS AND PRACTICES CONSIDERED

Periodic Health Examination (PHE), Including Screening and/or Counseling or Immunization

1. Counseling parents and patients more than 2 years old regarding accidental injury prevention
2. Screening and counseling specified populations regarding alcohol misuse
3. Screening specified population for asymptomatic bacteriuria
4. Screening for bacterial vaginosis in pregnant women (Note: Considered but not recommended)
5. Screening for bladder cancer with urinalysis (Note: Considered but not recommended)
6. Counseling and screening women 40 years and older for breast cancer with mammography
7. Teaching or performing routine breast self-examination (Note: Considered but not recommended)
8. Counseling parents of infants regarding breastfeeding
9. Screening adults and children for cardiac disease with electrocardiogram (ECG) (Note: Considered but not recommended)

10. Screening women for cervical cancer with Pap smear (Note: Guideline developers considered but did not recommend primary screening with human papillomavirus testing and new technologies)
11. Screening specified populations for chlamydia
12. Screening specified populations for colorectal cancer with fecal occult blood test (FOBT), sigmoidoscopy, or colonoscopy
13. Screening in women of childbearing potential for congenital rubella syndrome by history, serology, or vaccination
14. Counseling adults at risk for coronary heart disease regarding aspirin prophylaxis
15. Screening for coronary heart disease with electrocardiograph, exercise treadmill test, or electron-beam computerized tomography (Note: Considered but not recommended)
16. Providing fluoride supplementation to prevent dental caries in specified populations
17. Screening for depression in specified population
18. Screening specified populations for type 2 diabetes
19. Immunizing children and adults for diphtheria
20. Screening for family violence and intimate partner violence (Note: Considered but not recommended)
21. Screening for genital herpes simplex virus infection (culture, serology) (Note: Considered but not recommended)
22. Ordering ocular prophylaxis for gonococcal or chlamydial infection in neonates
23. Screening for gonorrhea in specified populations
24. Immunizing specified population for Haemophilus influenza type b disease
25. Behavioral dietary counseling for specified populations
26. Screening and counseling specified population regarding hearing difficulties
27. Screening newborns for hearing loss sensorineural (SNHL) (Note: Considered but not recommended)
28. Screening neonates for hemoglobinopathies, phenylketonuria (PKU), and thyroid function
29. Immunizing specified populations for hepatitis A
30. Immunizing specified populations for hepatitis B
31. Screening specified populations for hepatitis B virus
32. Screening for hepatitis C virus (Note: Considered but not recommended)
33. Screening specified populations for human immunodeficiency virus (HIV) infection
34. Counseling perimenopausal women regarding hormone replacement therapy
35. Screening specified populations for hypertension
36. Immunizing identified populations for influenza
37. Screening for insulin dependent diabetes mellitus (Note: Considered but not recommended)
38. Screening specified populations for iron deficiency anemia
39. Screening specified populations for lead poisoning
40. Screening specified populations for lipid disorders with fasting lipid profile or nonfasting total cholesterol and high-density lipoprotein (HDL) cholesterol screening
41. Screening for lung cancer with x-ray and/or sputum cytology (Note: Considered but not recommended)
42. Immunizing children for measles
43. Immunizing specified populations for measles, mumps, rubella
44. Immunizing children for mumps

45. Immunizing for meningococcus, serotypes A and C (Note: Considered but not recommended)
46. Folic acid supplementation in specified female population to prevent neural tube defects
47. Screening and counseling for obesity
48. Screening for oral cancer (Note: Considered but not recommended)
49. Screening specified populations for osteoporosis
50. Counseling specified populations regarding calcium intake as prevention
51. Screening for ovarian cancer using ultrasound or serum tumor markers (Note: Considered but not recommended)
52. Screening for pancreatic cancer using ultrasound or serological markers (Note: Considered but not recommended)
53. Screening for peripheral arterial disease with Doppler, duplex ultrasound, or other vascular laboratory test (Note: Considered but not recommended)
54. Immunizing children for pertussis
55. Screening neonates for phenylketonuria
56. Counseling children, adolescents, and adults regarding importance of physical activity
57. Immunizing specified populations for pneumococcal disease
58. Immunizing children for poliomyelitis
59. Screening for prostate cancer using prostate specific antigen (PSA) testing or digital rectal examination (DRE) (Note: Considered but not recommended)
60. Rh (D) blood typing and antibody testing for pregnant women
61. Immunizing children for rubella
62. Counseling parents with children in the house regarding second hand smoke
63. Counseling adolescents and adults regarding prevention of sexually transmitted diseases
64. Screening for skin cancer (Note: Considered but not recommended)
65. Screening specified populations for syphilis with Venereal Disease Research Laboratory (VDRL) or rapid plasma regain (RPR)
66. Immunizing for tetanus
67. Screening for thyroid cancer using ultrasound (Note: Considered but not recommended)
68. Screening for thyroid disease using thyroid function test (Note: Considered but not recommended)
69. Screening neonates for thyroid function abnormalities
70. Screening specified populations for tobacco use and providing smoking cessation counseling
71. Screening specified individuals for tuberculosis using the Mantoux test
72. Screening specified populations for vaginal cancer (Note: Considered but not recommended)
73. Immunizing specified populations for varicella
74. Screening specified populations for visual difficulties
75. Vitamin supplementation (A, C, E, beta-carotene) for prevention of cancer or cardiovascular disease (Note: Considered but not recommended)

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Balance Sheets

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The Recommendations for Periodic Health Examinations (RPHE) were developed starting with the rigorous analysis of the scientific knowledge available as presented by the U.S. Preventive Services Task Force. Some consideration of overall cost and patient preferences was included in the development of RPHE. Costs were not specifically calculated but were estimated to include broad economic impact and opportunity costs. Patient preferences were also not explicitly stated, however the Working Group on Periodic Health Examinations, the Commission on Clinical Policies and Research, and the American Academy of Family Physicians (AAFP) Board of Directors served as surrogates. These factors, along with the magnitude of net benefit relative to harm, are captured in the recommendation ratings (see the "Rating Scheme for the Strength of the Recommendations" field).

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

The strength of the recommendation for or against a preventive intervention was graded as follows:

Strongly Recommend: Good quality evidence exists which demonstrates substantial net benefit over harm; the intervention is perceived to be cost effective and acceptable to nearly all patients.

Recommend: Although evidence exists which demonstrates net benefit, either the benefit is only moderate in magnitude or the evidence supporting a substantial benefit is only fair. The intervention is perceived to be cost effective and acceptable to most patients.

No Recommendation Either For or Against: Either good or fair evidence exists of at least a small net benefit. Cost-effectiveness may not be known or patients may be divided about acceptability of the intervention.

Recommend Against: Good or fair evidence which demonstrates no net benefit over harm.

Insufficient Evidence to Recommend Either For or Against: No evidence of even fair quality exists or the existing evidence is conflicting.

Healthy Behavior is identified as desirable but the effectiveness of physician's advice and counseling is uncertain.

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The American Academy of Family Physicians (AAFP) Summary of Policy Recommendations for Periodic Health Examinations (RPHE) was approved by the Board of Directors in August 1996. Further revision of the RPHE was approved by the Board in November 1996 (Rev. 1), July 1997 (Rev. 2), March 1999 (Rev. 3), July 2000 (Rev. 4), August 2001 (Rev. 5), July 2002 (Rev. 5.2), August 2002 (Rev. 5.3) and August 2003 (Rev 5.4), July 2004 (Rev. 5.5), and August 2004 (5.6).

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The rating scheme for the strength of the recommendation for or against a preventive intervention follows the "Major Recommendations."

Summary of Recommendations for Periodic Health Examinations

Accidental Injury

The American Academy of Family Physicians (AAFP) recommends counseling all parents and patients more than 2 years old regarding accidental injury prevention including, as appropriate, child safety seats, lap and shoulder belt use, bicycle safety, motorcycle helmet use, smoke detectors, poison control center number, and driving while intoxicated.

Alcohol Misuse

The AAFP recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings. (Clinical Consideration: <http://www.ahrq.gov/clinic/uspstf/uspssdrin.htm>)

The AAFP recognizes avoidance of alcohol products by adolescents is desirable. The effectiveness of physician's advice and counseling in this area is uncertain. (Clinical Consideration: <http://www.ahrq.gov/clinic/uspstf/uspssdrin.htm>)

Bacteriuria, Asymptomatic

The AAFP strongly recommends that all pregnant women be screened for asymptomatic bacteriuria using urine culture at 12 to 16 weeks' gestation or at first prenatal visit if after that time. (Clinical Consideration: <http://www.ahrq.gov/clinic/uspstf/uspssbact.htm>)

The AAFP recommends against the routine screening of men and nonpregnant women for asymptomatic bacteriuria. (Clinical Consideration: <http://www.ahrq.gov/clinic/uspstf/uspssbact.htm>)

Bacterial Vaginosis

The AAFP concludes that there is insufficient evidence on which to make a recommendation for or against routine screening for bacterial vaginosis in high-risk pregnant women. (Clinical Considerations: www.ahrq.gov/clinic/ajpmsuppl/bvrr.htm#section2)

The AAFP recommends against the use of routine screening for bacterial vaginosis in average-risk asymptomatic pregnant women. (Clinical Considerations: www.ahrq.gov/clinic/ajpmsuppl/bvrr.htm#section2)

Bladder Cancer

The AAFP recommends against the use of urinalysis (microscopic or dipstick) for screening for bladder cancer in asymptomatic persons. (Clinical Consideration: <http://www.ahrq.gov/clinic/uspstf/uspssblad.htm>)

Breast Cancer

The AAFP recommends women age 40 years and older be screened for breast cancer with mammography every 1 to 2 years after counseling by their family physician regarding the potential risks and benefits of the procedure (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspssbrca.htm)

The AAFP concludes that the evidence is insufficient to recommend for or against teaching or performing routine breast self-examination (BSE). (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspssbrca.htm)

Breastfeeding

The AAFP recommends structured breastfeeding education and behavioral counseling programs to promote breastfeeding. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspssbrfd.htm)

The AAFP recognizes breastfeeding is desirable. The effectiveness of physician's advice and counseling in this area is uncertain. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspssbrfd.htm)

Cardiac Disease

The AAFP recommends against the use of routine electrocardiogram (ECG) as part of a periodic health or preparticipation physical exam for cardiac disease in asymptomatic children and adults.

Cervical Cancer

The AAFP concludes that there is insufficient evidence to recommend for or against routine use of new technologies to screen for cervical cancer. (Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/cervcan/cervcanrr.htm#clinical)

The AAFP concludes that there is insufficient evidence to recommend for or against routine use of human papillomavirus (HPV) testing as a primary screening test for cervical cancer. (Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/cervcan/cervcanrr.htm#clinical)

The AAFP strongly recommends that a Pap smear be completed at least every 3 years to screen for cervical cancer for women who have ever had sex and have a cervix. (Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/cervcan/cervcanrr.htm#clinical)

Chlamydia

The AAFP strongly recommends screening all sexually active females age 25 years or younger and other women at increased risk for chlamydia. (Clinical Considerations: www.ahrq.gov/clinic/ajpmsuppl/chlarr.htm#section2)

The AAFP makes no recommendation either for or against screening asymptomatic pregnant women age 26 years or older at low risk for chlamydia. (Clinical Considerations: www.ahrq.gov/clinic/ajpmsuppl/chlarr.htm#section2)

The AAFP concludes that there is insufficient evidence to recommend for or against routine screening of asymptomatic men for chlamydial infection. (Clinical Considerations: www.ahrq.gov/clinic/ajpmsuppl/chlarr.htm#section2)

The AAFP recommends screening all asymptomatic pregnant females age 25 years or younger and other women at increased risk for chlamydia infection. (Clinical Considerations: www.ahrq.gov/clinic/ajpmsuppl/chlarr.htm#section2)

Colorectal Cancer

The AAFP recommends screening persons at higher risk for colorectal cancer (e.g., those with first-degree relative who is diagnosed with colorectal cancer before 60 years of age) with complete colonoscopy at an earlier age. (Clinical Consideration: www.ahrq.gov/clinic/3rduspstf/colorectal/colorr.htm#clinical)

The AAFP strongly recommends screening adults age 50 and older for colorectal cancer with fecal occult blood test (FOBT) (annually), sigmoidoscopy, or colonoscopy. (Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/colorectal/colorr.htm#clinical)

Congenital Rubella Syndrome

The AAFP recommends screening for congenital rubella syndrome by assuring rubella immunity by history, serology, or vaccination in women of childbearing potential.

Coronary Heart Disease

The AAFP strongly recommends counseling adults at increased risk for coronary heart disease regarding the benefits and risks of aspirin prophylaxis.

The AAFP recommends against routine screening with resting electrocardiography (ECG), exercise treadmill test (ETT), or electron-beam computerized tomography (EBCT) scanning for coronary calcium for either the presence of severe coronary artery stenosis (CAS) or the prediction of coronary heart disease (CHD) events in adults at low risk for CHD events. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspsacad.htm)

The AAFP found insufficient evidence to recommend for or against routine screening with ECG, exercise treadmill test, electrobeam computerized tomography scanning for coronary calcium for either the presence of severe coronary artery stenosis or the prediction of CHD events in adults at increased risk for CHD events. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspsacad.htm)

Dental Caries

The AAFP strongly recommends ordering fluoride supplementation to prevent dental caries based on age and fluoride concentration of patient's water supply for infants and children age 6 months through 16 years residing in areas with inadequate fluoride in the water supply (less than 0.6 ppm).

Depression

The AAFP recommends screening adults for depression. (Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/depression/depressrr.htm#clinical)

The AAFP concludes that there is insufficient evidence on which to make a recommendation for or against routine screening of children or adolescents for depression. (Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/depression/depressrr.htm#clinical)

Diabetes, Type 2

The AAFP recommends screening for type 2 diabetes in adults with hypertension or hyperlipidemia. There is insufficient evidence to recommend for or against screening adults who are at low risk for coronary vascular disease. (Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspsdiab.htm)

The AAFP concludes that the evidence is insufficient to recommend for or against routine screening for gestational diabetes in asymptomatic pregnant women. (Clinical Consideration: www.ahrq.gov/clinic/3rduspstf/gdm/gdmrr.htm#clinical)

Diphtheria

The AAFP strongly recommends immunizing all children for diphtheria using AAFP recommendations unless contraindicated. Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml

The AAFP strongly recommends immunizing adults for diphtheria by completing tetanus, diphtheria (Td) vaccine series if they haven't received primary series. Boosters every 10 years or at least at age 50. Recommended Adult Immunization Schedule: www.aafp.org/x14956.xml

Family Violence and Intimate Partner Violence

The AAFP recognizes that all family physicians should be alert to physical and behavioral signs and symptoms associated with abuse or neglect. The AAFP concludes that the evidence is insufficient to recommend for or against screening of parents or guardians for the physical abuse or neglect of children, of adults or adolescents of either sex for intimate partner violence, or of older adults or their caregivers for elder abuse. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspsfamv.htm)

Genital Herpes Simplex Virus Infection

The AAFP recommends against screening for genital herpes simplex virus infection with culture, serology, or other tests in asymptomatic persons. Clinical

Considerations:

www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat3.section.10931#13523)

Gonococcal or Chlamydial Infection in Neonates

The AAFP strongly recommends ordering ocular prophylaxis for neonates for gonococcal or chlamydial infection.

Gonorrhea

The AAFP recommends screening females at high risk for gonorrhea (those with new or multiple sexual partners in the past 12 months; persons with other sexually transmitted infections, including human immunodeficiency virus (HIV); and sexual contacts of persons with gonorrhea or chlamydia). (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspsgono.htm)

The AAFP recommends screening pregnant women at high risk for gonorrhea (those with new or multiple sexual partners in the past 12 months; persons with other sexually transmitted infections, including HIV; and sexual contacts of persons with gonorrhea or chlamydia)

H. Influenza Type b Disease

The AAFP strongly recommends immunizing all children for Haemophilus influenza type b disease using AAFP recommendations unless contraindicated. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml)

Healthy Diet

The AAFP recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care physicians or by other qualified professionals including dietitians and nutritionist. (Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/diet/dietrr.htm#clinical)

Hearing Difficulties

The AAFP recommends screening for hearing difficulties by questioning elderly adults about hearing impairment and counsel regarding the availability of treatment when appropriate. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspshear.htm)

Hearing Loss Sensorineural (SNHL)

The AAFP concludes that there is insufficient evidence on which to make a recommendation for or against routine screening of newborns for hearing loss during the postpartum hospitalization period. (Clinical Consideration: www.ahrq.gov/clinic/3rduspstf/newbornscreen/newhearrr.htm#section2)

Hemoglobinopathies

The AAFP strongly recommends ordering screening tests for phenylketonuria (PKU), hemoglobinopathies, and thyroid function abnormalities in neonates.

Hepatitis A

The AAFP recommends immunizing adults for hepatitis A who live, work, or travel in areas where Hepatitis A is endemic and periodic and periodic outbreaks occur, or users of injection or street drugs, military personnel, men who have sex with men, and institutionalized persons and those working in those institutions. (Recommended Adult Immunization Schedule: www.aafp.org/x14956.xml)

The AAFP strongly recommends immunizing children for Hepatitis A who are more than 2 years of age and all adolescents who are living in, traveling to, or working in areas where hepatitis A is endemic and periodic outbreaks occur. Immunize using AAFP recommendations. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml)

Hepatitis B

The AAFP strongly recommends immunizing infants and children who are unimmunized at age 11 to 12 for Hepatitis B using AAFP recommendations. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml)

The AAFP strongly recommends immunizing persons for Hepatitis B who are injection drug users and their sexual partners, have a history of multiple sexual partners in a previous 6 months, have recently acquired a sexually transmitted disease, are recipients of certain drug products, have a health related job with frequent exposure to blood or blood products, are travelers to countries where hepatitis B virus (HBV) is of high or intermediate endemicity, or who are men who have sex with men. Complete primary series. (Recommended Adult Immunization Schedule: www.aafp.org/x14956.xml)

The AAFP recommends immunizing for hepatitis B unimmunized persons age 12 to 24 years with no reliable history of hepatitis B infection or previous immunization. Discuss immunization using AAFP recommendations. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml)

Hepatitis B Virus Infection

The AAFP strongly recommends screening for HBV infection in pregnant women at their first prenatal visit. (Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspshpb.htm)

The AAFP recommends against routinely screening the general asymptomatic population for chronic HBV infection. (Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspshpb.htm)

Hepatitis C

The AAFP recommends against routine screening for hepatitis C virus (HCV) infection in asymptomatic adults who are not at increased risk (general population) for infection. (Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspshhepc.htm)

HIV Infection

The AAFP strongly recommends screening for HIV infection in men who had sex with men after 1975, past or present injection drug users, persons who exchange sex for money or drugs and their sex partners, those with current or past sex partners who were injection drug users, bisexual, or HIV positive, and persons seeking treatment for sexually transmitted diseases (STDs). (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspshivi.htm)

The AAFP recommends screening for HIV infection in infants born to high-risk mothers whose HIV status is unknown (high risk includes past or present injection drug use, exchange of sex for money or drugs, seeking treatment for STDs, or whose sex partner is HIV positive, injection drug using, bisexual, or exchanged sex for money or drugs). (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspshivi.htm)

Hormone Replacement Therapy

The AAFP strongly recommends to counsel all perimenopausal women regarding the individualized short-and long-term benefits and risks of post-menopausal hormone replacement therapy. (Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/hrt/hrtrr.htm#clinical)

Hypertension

The AAFP strongly recommends that family physicians screen adults aged 18 and older for high blood pressure. (Clinical Considerations: www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat3.section.10931#11241)

The AAFP concludes that the evidence is insufficient to recommend for or against routine screening for high blood pressure in children and adolescents to reduce the risk of cardiovascular disease. (Clinical Considerations: www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat3.section.10931#11241)

Influenza

The AAFP recommends immunizing children and adolescents age 6 months or older for influenza who are residents of chronic care facilities, or who have chronic cardiopulmonary disorders, metabolic disease including diabetes mellitus, hemoglobinopathies, immunosuppression, or renal dysfunction for influenza. Discuss immunizing annually using AAFP recommendations. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml)

The AAFP recommends immunizing adults for influenza who are residents of chronic care facilities, or suffer from chronic cardiopulmonary disorders, metabolic disease (including diabetes mellitus), hemoglobinopathies, immunosuppression,

renal dysfunction, or are health care providers for the above. Discuss immunization annually using AAFP recommendations. (Recommended Adult Immunization Schedule: www.aafp.org/x14956.xml)

The AAFP recommends immunizing all persons age 50 years and older for influenza. Discuss immunization annually using AAFP recommendations. (Recommended Adult Immunization Schedule: www.aafp.org/x14956.xml)

Insulin Dependent Diabetes Mellitus

The AAFP recommends against the use of immune marker screening for insulin dependent diabetes mellitus in asymptomatic persons.

Iron Deficiency Anemia

The AAFP recommends screening for iron deficiency anemia in infants ages 6 to 12 months who are living in poverty, black, Native American, or Alaska Native, immigrants from developing countries, preterm and low birth weight infants, and infants whose principal dietary intake is unfortified cow's milk by obtaining hemoglobin and/or hematocrit levels.

Lead Poisoning

The AAFP recommends screening for lead poisoning in infants at 12 months of age who live in communities in which the prevalence of lead levels requiring intervention is high or undefined, or live in or frequently visit a home built before 1950 with dilapidated paint or with recent or ongoing renovation or remodeling, or have close contact with a person who has an elevated lead level, or live near lead industry or heavy traffic, or live with someone whose job or hobby involves lead exposure, uses lead based pottery, or takes traditional remedies that contain lead by determining lead levels.

Lipid Disorders

The AAFP strongly recommends screening for lipid disorders with either a fasting lipid profile or nonfasting total cholesterol and high-density lipoprotein (HDL) cholesterol in males age 35 and older, and females age 45 and older. (Clinical Considerations: www.ahrq.gov/clinic/ajpmsuppl/lipidrr.htm#section2)

Lung Cancer

The AAFP recommends against the use of chest x-ray and/or sputum cytology in asymptomatic persons for lung cancer screening. (Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspplung.htm)

Measles

The AAFP strongly recommends immunizing all children for measles using AAFP recommendations unless contraindicated. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml)

Measles, Mumps, Rubella

The AAFP strongly recommends immunizing all persons born after 1956 who lack evidence of immunity to measles (receipt of live vaccine on or after the first birthday, laboratory evidence of immunity, or a history of physician-diagnosed measles) with a single dose for measles, mumps, rubella. (Recommended Adult Immunization Schedule: www.aafp.org/x14956.xml)

The AAFP strongly recommends immunizing adolescents and young adults in settings where such individuals congregate (e.g., high schools, technical schools, and colleges), if they have not previously received a second dose for measles, mumps, rubella. Give second dose at least 1 month after first dose. (Recommended Adult Immunization Schedule: <http://www.aafp.org/x14956.xml>)

Mumps

The AAFP strongly recommends immunizing all children for mumps using AAFP recommendations unless contraindicated. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml)

Meningococcus, Stereotypes A and C

The AAFP makes no recommendation either for or against meningococcal immunization in young adults and college students. Physicians need not initiate discussion of meningococcal quadrivalent polysaccharide vaccine as part of routine medical care, given the large number of issues that are of greater importance in the care of young adults. Colleges, through their student's health service, may provide education on meningococcal infection and vaccination and offer it to those who are interested. (Recommended Adult Immunization Schedule: www.aafp.org/x14956.xml)

Neural Tube Defects

The AAFP strongly recommends prescribing 0.4 to 0.8 mg/day of folic acid supplementation from at least 1 month prior to conception through the first trimester of pregnancy to women planning to become pregnant who have not had a previous pregnancy affected by a neural tube defect.

The AAFP recommends prescribing 0.4 mg folate supplementation to women not planning a pregnancy but of childbearing potential who have not previously had a baby with a neural tube defect.

The AAFP strongly recommends prescribing 4 mg/day of folic acid supplementation from 1 to 3 months prior to conception through the first trimester of pregnancy to women who are planning a pregnancy and had a previous pregnancy affected by a neural tube defect.

Obesity

The AAFP recommends screening for obesity by measuring height and weight periodically for all patients.

The AAFP recommends that family physicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. Intensive counseling involves more than one session per month for at least 3 months. (Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspsobes.htm)

Oral Cancer

The AAFP concludes that the evidence is insufficient to recommend for or against routinely screening adults for oral cancer. (Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspsoral.htm)

Osteoporosis

The AAFP recommends routinely screening women aged 65 and older for osteoporosis. (Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/osteoporosis/osteorr.htm#consideration)

The AAFP recommends routinely screening women aged 60 and older at increased risk for osteoporotic fractures. (Clinical Considerations; www.ahrq.gov/clinic/3rduspstf/osteoporosis/osteorr.htm#consideration)

The AAFP recommends counseling females age 11 and older to maintain adequate calcium intake to prevent osteoporosis.

Ovarian Cancer

The AAFP recommends against the use of ultrasound of the pelvis and/or serum tumor markers in women without a family history of frequent ovarian cancer. For this latter group, there is insufficient evidence to recommend for or against routine screening.

Pancreatic Cancer

The AAFP recommends against routine screening for pancreatic cancer in asymptomatic adults using abdominal palpation, ultrasonography, or serologic markers. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspspanc.htm)

Peripheral Arterial Disease

The AAFP recommends against the use of Doppler or duplex ultrasound or other vascular laboratory test in asymptomatic persons for peripheral arterial disease. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspspard.htm)

Pertussis

The AAFP strongly recommends immunizing all children for pertussis using AAFP recommendations unless contraindicated. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml)

Phenylketonuria

The AAFP strongly recommends ordering screening test for Phenylketonuria in neonates.

Physical Activity

The AAFP recognizes that regular physical activity is desirable. The effectiveness of physician's advice and counseling in this area is uncertain. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspsphys.htm)

Pneumococcal Disease

The AAFP strongly recommends immunizing all children less than 24 months for pneumococcal disease using pneumococcal conjugate vaccine. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml)

The AAFP strongly recommends immunizing healthy children living where pneumococcal disease is endemic using AAFP recommendations. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml)

The AAFP strongly recommends immunizing children less than 60 months with sickle cell, HIV, functional or anatomic asplenia, immunocompromising conditions, and chronic illness, and children who are African Americans, Alaskan Natives and American Indians using pneumococcal conjugate vaccine. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml)

The AAFP recommends immunizing children and adolescents with chronic cardiac or pulmonary disease, diabetes mellitus, or anatomic asplenia or who live in special environments or social settings with an identified increased risk of pneumococcal disease. Discuss immunizing using AAFP recommendation. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml)

The AAFP recommends immunizing institutionalized adults (age 50 years or older) or any adult with chronic cardiac or pulmonary disease, diabetes mellitus, anatomic asplenia, or who live in special environments or social settings with an increased risk of pneumococcal disease (e.g., certain Native American or Native Alaskan populations). Discuss immunization using AAFP recommendations. (Recommended Adult Immunization Schedule: www.aafp.org/x14956.xml)

The AAFP recommends immunizing adults age 65 years or older for pneumococcal disease. Discuss immunization using AAFP recommendations. (Recommended Adult Immunization Schedule: www.aafp.org/x14956.xml)

The AAFP makes no recommendation either for or against pneumococcal conjugate immunization in children aged 24 to 59 months, including those children who attend child care settings and children who had frequent or complicated acute otitis media in the previous year. As a practice option, discuss pneumococcal conjugate immunization. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml)

Poliomyelitis

The AAFP strongly recommends immunizing all children for poliomyelitis using AAFP recommendations unless contraindicated. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml)

Prostate Cancer

The AAFP concludes that there is insufficient evidence on which to make a recommendation for or against routine screening for prostate cancer using prostate specific antigen (PSA) testing or digital rectal examination (DRE). (Clinical Consideration: www.ahrq.gov/clinic/3rduspstf/prostatescr/prostaterr.htm#clinical)

Rh (D) Incompatibility

The AAFP strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care. (Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspssdrhi.htm)

The AAFP recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation. (Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspssdrhi.htm)

Rubella

The AAFP strongly recommends immunizing all children for rubella using AAFP recommendation unless contraindicated. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml)

Second Hand Smoke

The AAFP strongly recommends to counsel smoking parents with children in the house regarding the harmful effects of smoking and children's health.

Sexually Transmitted Diseases

The AAFP recommends counseling adolescents and adults regarding the risks for sexually transmitted diseases and how to prevent them.

Skin Cancer

The AAFP concludes there is insufficient evidence on which to make a recommendation for or against routine screening for skin cancer in asymptomatic persons. (Clinical Considerations: <http://www.ahrq.gov/clinic/uspstf/uspsskca.htm>)

Syphilis

The AAFP strongly recommends screening for syphilis in pregnant women, persons who exchange sex for money or drugs, persons with other STDs, sexual contacts of persons with syphilis by ordering Venereal Disease Research Laboratory (VDRL) test or rapid plasma reagin (RPR) (sexual contacts of persons with syphilis should

be treated regardless of screening results). (Clinical Considerations: <http://www.ahrq.gov/clinic/uspstf/uspssyph.htm>)

Testicular Cancer

The AAFP recommends against routine screening for testicular cancer in asymptomatic adolescents and adult males. (Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspstest.htm)

Tetanus

The AAFP strongly recommends immunizing all children for tetanus using AAFP recommendation unless contraindicated. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml)

The AAFP strongly recommends immunizing adults for tetanus by completing the Td vaccine series if primary series hasn't been received. Boosters should be given every 10 years or at least at age 50. (Recommended Adult Immunization Schedule: www.aafp.org/x14956.xml)

Thyroid Cancer

The AAFP recommends against the use of ultrasound screening for thyroid cancer in asymptomatic persons. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspsthca.htm)

Thyroid Disease

The AAFP concludes that the evidence is insufficient to recommend for or against routine screening for thyroid disease in adults. (Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspsthyr.htm)

Thyroid Function Abnormalities

The AAFP strongly recommends ordering screening test for thyroid function abnormalities in neonates.

Tobacco Use

The AAFP strongly recommends that clinicians screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspstbac.htm)

The AAFP strongly recommends that clinicians screen all pregnant women for tobacco use and provide 5 to 15 minutes of smoking cessation counseling using messages and self-help materials tailored for pregnant smokers. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspstbac.htm)

The AAFP recognizes avoidance of tobacco products by children and adolescents is desirable. The effectiveness of physician advice and counseling in this area is uncertain. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspstbac.htm)

Tuberculosis

The AAFP strongly recommends screening for tuberculosis (TB) by applying the Mantoux test to patients at high risk for tuberculosis, including those with close contacts to person with known or suspected TB, health care workers, immigrants from countries with high TB prevalence, HIV positive individuals, alcoholics, injection drug users, residents of long term care facilities, and medically underserved low income people.

Vaginal Cancer

The AAFP recommends against screening for vaginal cancer with the use of Pap smears in women who have had hysterectomies for reasons other than cancer.

Varicella

The AAFP strongly recommends immunizing healthy infants age 12 to 18 months for varicella using AAFP recommendation. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml)

The AAFP strongly recommends immunizing for varicella unimmunized children and adolescents with no reliable history of varicella infection or previous immunization and to consider serologic testing instead of immediate immunization in history negative adolescents if able to comply if return visit needed using AAFP recommendations. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml)

The AAFP strongly recommends immunizing children and adolescents for varicella who are unimmunized or have no history of prior infection and who have been exposed to varicella in the last 3 to 5 days. Immunize using AAFP recommendations. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml)

The AAFP strongly recommends immunizing adults for varicella who are unimmunized or have no history of prior infection and who have been exposed to varicella in the last 3 to 5 days. Immunize using AAFP recommendations. (Recommended Adult Immunization Schedule: www.aafp.org/x14956.xml)

The AAFP recommends immunizing adults for varicella with no history of varicella or previous vaccination. Discuss immunization using AAFP recommendations. (Recommended Adult Immunization Schedule: www.aafp.org/x14956.xml)

Visual Difficulties

The AAFP recommends screening for visual difficulties in children age 3 to 4 years for amblyopia and strabismus. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspssvisi.htm)

The AAFP recommends screening for visual difficulties in elderly adults by performing Snellen acuity testing. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspssvisi.htm)

Vitamin Supplementation

The AAFP concludes that the evidence is insufficient to recommend for or against the use of supplements of vitamins A, C, or E; multivitamins with folic acid; or antioxidant combinations for the prevention of cancer or cardiovascular disease. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspsvita.htm)

The AAFP recommends against the use of beta-carotene supplements, either alone or in combination, for the prevention of cancer or cardiovascular disease. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspsvita.htm)

Definitions:

The strength of the recommendation for or against a preventive intervention was graded as follows:

Strongly Recommend: Good quality evidence exists which demonstrates substantial net benefit over harm; the intervention is perceived to be cost effective and acceptable to nearly all patients.

Recommend: Although evidence exists which demonstrates net benefit, either the benefit is only moderate in magnitude or the evidence supporting a substantial benefit is only fair. The intervention is perceived to be cost effective and acceptable to most patients.

No Recommendation Either For or Against: Either good or fair evidence exists of at least a small net benefit. Cost-effectiveness may not be known or patients may be divided about acceptability of the intervention.

Recommend Against: Good or fair evidence which demonstrates no net benefit over harm.

Insufficient Evidence to Recommend Either For or Against: No evidence of even fair quality exists or the existing evidence is conflicting.

Healthy Behavior is identified as desirable but the effectiveness of physician's advice and counseling is uncertain.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The recommendations are based on review of scientific knowledge presented by the United States Preventive Services Task Force (USPSTF) in the "Guide to Clinical Preventive Services," 2nd ed. Baltimore (MD): Williams & Wilkins, 1996

and ongoing releases of evidence reports and recommendations from the 3rd edition.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Health maintenance and disease prevention

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations.
- The Recommendations for Periodic Health Examination were developed with some consideration of overall cost and patient preferences. Costs were not specifically calculated but were estimated to include broad economic impact and opportunity costs. Patient preferences were also not explicitly stated; however, the Working Group on Periodic Health Examinations, the Commission on Clinical Policies and Research, and the American Academy of Family Physicians (AAFP) Board of Directors served as surrogates.
- Physicians are encouraged to review not only the needs of individual patients they see, but also of the populations in the communities they serve to determine which specific population recommendations need to be implemented systematically in their practices.
- The recommendations are for screening and counseling only. They do not necessarily apply to patients who have signs and/or symptoms relating to a particular condition.
- These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

American Academy of Family Physicians. Summary of policy recommendations for periodic health examinations. Leawood (KS): American Academy of Family Physicians; 2004 Aug. 15 p.

ADAPTATION

The starting point for the recommendations is the rigorous analysis of the scientific knowledge available as presented by the United States Preventive Services Task Force (USPSTF) in their "Guide to Clinical Preventive Services," 2nd ed. Baltimore (MD): Williams & Wilkins, 1996, and ongoing releases of evidence reports and recommendations from the 3rd edition.

DATE RELEASED

1996 Nov (revised 2004 Aug)

GUIDELINE DEVELOPER(S)

American Academy of Family Physicians - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Family Physicians (AAFP)

GUIDELINE COMMITTEE

Commission on Clinical Policies and Research

Working Group on Periodic Health Examinations

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: American Academy of Family Physicians. Summary of policy recommendations for periodic health examinations. Leawood (KS): American Academy of Family Physicians; 2003 Aug. 13 p.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the [American Academy of Family Physicians \(AAFP\) Web site](#).

Print copies: Available from the American Academy of Family Physicians order department, 11400 Tomahawk Creek Parkway, Leawood, KS 66211. Telephone: (800) 944-0000; item number 962.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on June 30, 1998. The information was verified by the guideline developer on December 1, 1998. The information was updated by ECRI on October 31, 2001, February 14, 2002, October 7, 2002, January 13, 2004, and December 7, 2004. The most recently updated information was verified by the guideline developer on February 1, 2005.

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